



**SUBJECT INFORMATION AND CONSENT FORM AND AUTHORIZATION TO USE  
AND DISCLOSE PERSONAL HEALTH INFORMATION FOR RESEARCH**

**Name of Research Study:**

Prospective observational study on predictors of  
early on-treatment response and sustained  
virological response in a cohort of treatment naïve  
HCV-infected patients treated with pegylated  
interferons

**Protocol #:**

MV21542

**Study Acronym:**

Prophesys 3

**Sponsor:**

Hoffmann-La Roche Inc.

**Principal Investigator:**

Alan D. Tice MD

**Address(es):**

Infections Limited Hawaii  
550 S Beretania Street, Suite 400  
Honolulu HI 96813

**Daytime telephone number(s):**

808-373-3488

**24-hour contact number(s):**

808-373-3488

**Patient Hospital/Clinic Identification #:** \_\_\_\_\_

**Purpose of the Subject Information and Consent Form**

This Subject Information and Consent Form may contain words you do not understand. Please ask the study doctor or the study staff to explain any words or procedures that you do not clearly understand.

The purpose of this form is to give you information about the research study and, if signed, will give your permission to take part in the study. The form describes the purpose, procedures, benefits, risks, discomforts and precautions of the research study. You should take part in the study only if you want to do so. You may refuse to take part or withdraw from this study at any time without penalty or loss of benefits to which you are otherwise entitled. Please read this Subject Information and Consent Form and ask as many questions as needed. You should not sign this form if you have any questions that have not been answered to your satisfaction.